

an
Inaugural Dissertation

on
acute Peritonitis

Respectfully submitted
To the

Medical Faculty
of

The U. Varsity of Pennsylvania
By

A. G. Read Admitted March
of 3rd - 1823.

Virginia

On Peritonitis

When we contemplate at what length the diseases of the bowels have been treated by most physicians of every age & country, we cannot but be surprised that Peritonitis a disease which in many respects is so closely allied to many of those affections, particularly Cholick & Enteritis, should have attracted so little attention & is comparatively so little understood. It being however, a disease, insidious in its nature & complete with danger, & having been marked by some peculiarity of treatment, different from the two already mentioned, I have thought proper to bestow on it a more particular consideration, though not so much with a view of saying any thing new on the subject, as with a hope of exciting the attention of those to it, who are better able to give to it a more just & satisfactory investigation.

The symptoms which characterize Acute Peritonitis, are rigor & shivering with pain in the abdomen, varying very much in its seat, its degree of violence & general character. Sometimes the

1800 11
memorandum
of the
is very
much
water of
a great
middle of
many
return
a place
faulds
informa
in the
return of
the ate
the time
of the
the the

pain is confined to a particular part, but most commonly, it is diffused over the abdomen. It is very much increased by pressure, & in some cases, it is very little complaince of, except, when pressure is made, having the feel of other of tenderness than acute pain. Quickly succeeding to these symptoms are more or less of fever. The pulse, is remarkably small, quick & corded, & unless strictly attended to may deceive the practitioner as to the nature of the complaint. The patient now complains of thirst heat & dryness of the tongue & fauces, though dryness of these parts do not uniformly take place for frequently they are perfectly moist. Then there are the more ordinary symptoms which occur in an attack of Peritonitis, but most commonly in 12 or 24 hours & frequently in a much shorter period, the pain & tenderness of the abdomen become so much increased, that the weight of the bed clothes are rendered

part of
show
plan 822
earns 11
milkera
woolster
tough
of the
to disca
patients
live 1
be able
the in
be lower
by one
dition
milkera
however
be super
after

almost insupportable. Examined at this time, we should find the patient on his back, writhing under most excruciating pain, with his knees drawn up, the tension & swelling of his abdomen considerably augmented, his pulse small & contracted to the feel, & his tongue covered with a tough cream coloured mucus. The drawing up of the knees, is a very prominent symptom in this disease, for scarcely is there a case, where the patient does not recur to this posture, to relieve himself of pain. This it does by relaxing the abdominal muscles, & throwing the weight of the intestines on the back. The state of the bowels varies greatly in Peritonitis, sometimes they are loose, but most commonly in a natural condition being very readily moved by very mild medicines. Evacuations from the bowels produce however little relief, but on the rather to aggravate his sufferings during the time of operation & after it is over.

we have
increased
of the
big country
we are
now in
the above
a species
of those
we came
to olden
place
of the
so much
dark
in those
effort
within
Capra
topina

As however the disease advances, all the symptoms increase, particularly the pain & tumefaction of the abdomen. It now frequently happens at this conjuncture, that the pain which before was continual & cessless, suddenly ceases as if relieved by some one of our remedies.

We should however not construe this into an auspicious omen as it is most commonly considered by those who have had much experience in the disease, to be the precursor of death. With this sudden subsidence of pain, there likewise takes place a corresponding subsidence in the force of the pulse, which is greatly increased in rapidity as much as indeed, that it can scarcely be counted, dark matter is now vomited or expellet from the Stomach with sigmoidus or a paroxysm of effort. Cold clammy streaks now break out, the extremities become cold & clammy, the countenance ~~colapsus~~ & haggard & finally difficult & laborious respiration closes the tragic scene. Inflammation of

The Peritonitis may occur in a more limited form than the one I have mentioned, & according to the one's, & various neighboring organs are affected, which gives rise to a most diversity of symptoms. When it is in the lower part of the abdomen, it is generally accompanied by frequent painful desire to pass urine, & an acute pain extending along the urethra, leading to the suspicion of retention of urine. The catheter, being introduced in such case the bladder is found empty. When the inflammation is seated in the part of the Peritonitis contiguous to the Utricle, & upper part of the abdominal canal, there is great nausea & vomiting, & sometimes a violent evulsive contraction & belching of wind. Hiccups & quick short breathing a symptom probably connected with an affection of the diaphragm. Such are the general characters of Peritonitis, it differs however from Cholecystitis in this that the bowels are natural or loose, the pulse small & quick & above 100 in a minute, by

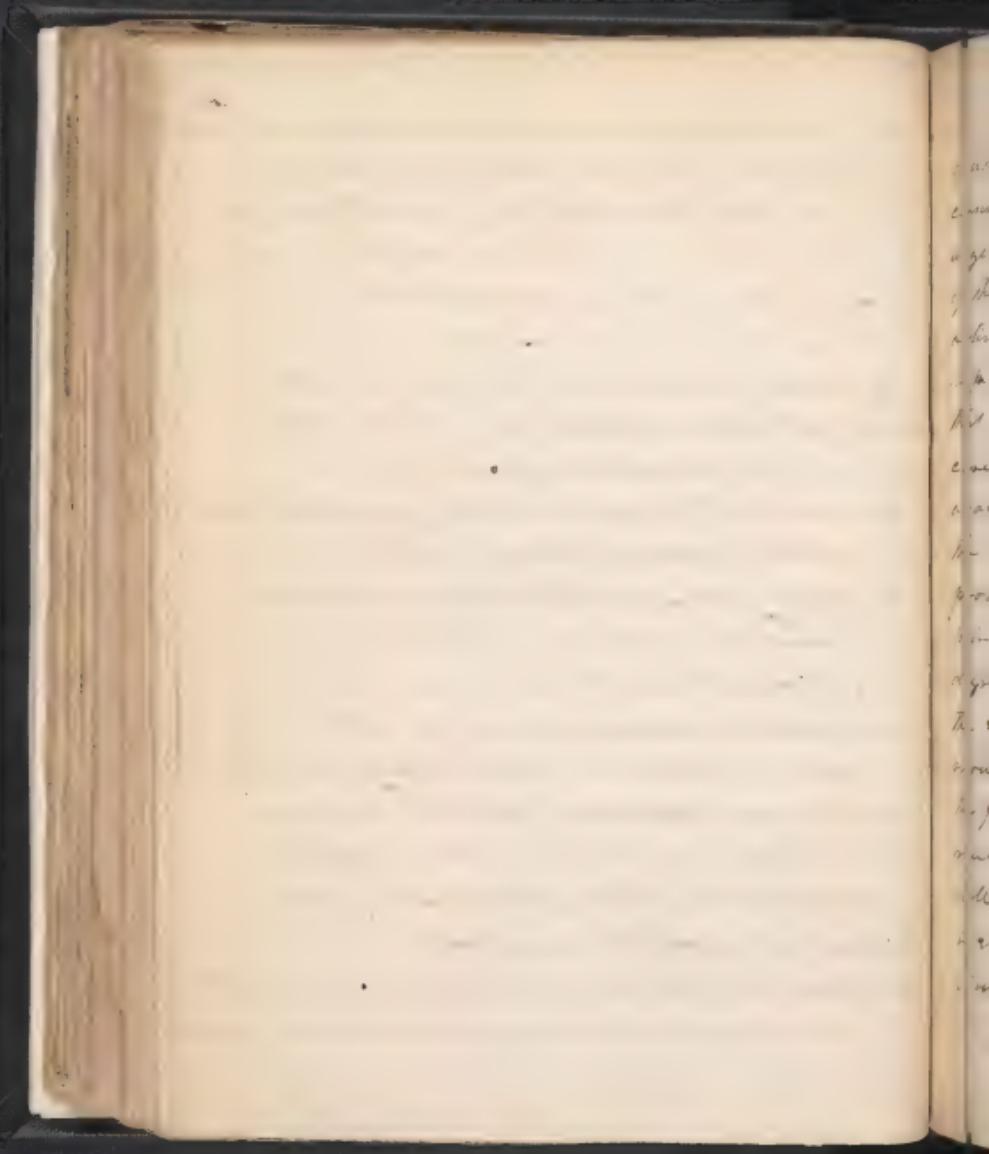
The pain, in Peritonitis being more permanent, by its being increased by evacuation even before tension has taken place, in the abdomen, by its producing no inclination to go to stool, & by its not being diminished by this evacuation be produced spontaneously or by design. What however is most remarkable in Peritoneal inflammation is that portion of it which lines the parieties of the abdomen never extends its inflammation to the muscles underneath. The fact is exactly the reverse as it regards the serous contained in the abdominal cavity.

Peritoneal inflammation may extend to the mucous lining of the intestines & terminal in confirmed Intestitis. It is yet a question among physicians, whether inflammation may be a disease in itself; the Peritoneum lining the parieties of the abdomen, without affecting the intestinal canal? As it regards the prognosis of Peritonitis we should be encouraged only by a change when it is attended with a

19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
830
831
832
833
834
835
836
837
838
839
840
841
842
843
844
845
846
847
848
849
840
841
842
843
844
845
846
847
848
849
850
851
852
853
854
855
856
857
858
859
860
861
862
863
864
865
866
867
868
869
870
871
872
873
874
875
876
877
878
879
880
881
882
883
884
885
886
887
888
889
880
881
882
883
884
885
886
887
888
889
890
891
892
893
894
895
896
897
898
899
900
901
902
903
904
905
906
907
908
909
910
911
912
913
914
915
916
917
918
919
910
911
912
913
914
915
916
917
918
919
920
921
922
923
924
925
926
927
928
929
920
921
922
923
924
925
926
927
928
929
930
931
932
933
934
935
936
937
938
939
930
931
932
933
934
935
936
937
938
939
940
941
942
943
944
945
946
947
948
949
940
941
942
943
944
945
946
947
948
949
950
951
952
953
954
955
956
957
958
959
960
961
962
963
964
965
966
967
968
969
970
971
972
973
974
975
976
977
978
979
980
981
982
983
984
985
986
987
988
989
980
981
982
983
984
985
986
987
988
989
990
991
992
993
994
995
996
997
998
999
1000

gradual diminution of all the symptoms, but more particularly that of the patient's extending his lower extremities, & his own account this is always favourable until mortification has taken place. On a post mortem examination the Posterior will be found minutely intersected with red blood & exhibiting all the marks of the highest grade of inflammation with effusions of exudate the lymph & in some cases extensive ulcerous ulceration but very rarely Gangrene or mortification to be found.

It would appear from the history of Posterior which I have given, that there would be little doubt as to the correct mode of treatment to be pursued, this I find however not to be the case. In no disease perhaps has there been more disputations or differences of opinion concerning the proper mode of treatment to be pursued than the one now under consideration. Whilst some allege that the liberal



use of Opium is the proper mode to be pursued, there are others that utterly deny its utility, & urge the deadly means to the greatest extent. Now as this ^{dis}crepancy of opinion confined to the more ^{literary} of our profession. Many of the more enlightened practitioners of Surgery, particularly Sir George Fodice & his disciples maintain that Opium is the proper remedy ^{thereon} & mostly it is relied on. Although the Pathology of Peritonitis seems not to be well understood yet there can be certainly very little doubt as to the correct mode of treatment to be pursued. This called to a case of Peritonitis we should consider that we have under our care, a species of inflammation very rapid in its course & is not easily arrested, generally worse, fatal. In these to subdue inflammation seems to be our first object, we must control it in the most active manner, by the most appropriate remedies for this purpose. These are three & will be the most important

of which is bloodletting, pushed as far as possible consistent with the strength of the patient & the urgency of the symptoms, regardless only of the nature. The pulse in this disease, is never active or strong but subfeudal & decreased in proportion to the violence of the attack, so that it rises as we continue to extract blood. In no case of inflammation, is bloodletting of much avail, unless it be used at an early period of the disease & pushed to such an extent as to produce a decided impression on the system which is induced by weakening of pulse, nailings & some degree of fainting. The pain however should be the chief criterion, by which the practitioner should be regulated in bleeding, until the glow of blood until the pain, is removed or very much diminished. Simple distillation by the lancet will not always succeed in relieving the pain or in eradicating or curing the disease though it helps to lessen, & mitigate greatly its violence.

finding that the lancet cannot eradicate the disease, we should as an auxiliary have recourse to topical depilations, by cups or leeches taking away as much blood by these means as possible. As it respects the other topical applications, such as the ointments, it seems not to be his depilation on a course of anxious care with regard to them. Dr. D'Unger however even the experience of Dr. Chapman which has not been visited in this disease, & to which I always advise with the greatest deference, I am lead to believe with him, that they are among the most important of the topical applications whenever they be properly timed. They should be unctuous, be applied, by warm fomentations to the abdomen, & by several direct applications. The method by which fomentations can be affected, is by the use of white ruffles laid on over the whole abdomen, or by muslin placed in a bag moderately full so that it may adapt itself more accurately to the contour of the belly: the next step.

creed

law

big a

ha

he

we ca

/

an o

never

- go h

wooden

/

new car

7 R

car

muslo

/

say

Pin

long

well in you

say b

to be removed, is to excite copious perspiration, this
which has the apparent effect in Protrusion inflammation
that the sides seem to excrete their specific
influence by excreting sweat. In good form the
capillaries of the Protrusion are determined to
the surface of the body by giving to it a
centrifugal direction. To induce perspiration
we should confide mostly in external means,
+ above all in the vapour bath. The operation
of the bath should be aided by the use of
diaphoretics internally in which opium enters
largely, the best of which occurs to be the
Dover Powders. To show the great utility of the
bath a case is related by Dr Chappuis in his
lectures, in which two of the most eminent proctologists
Philippe were engaged, they had taken from
140 to 150 Grs of Blood in a short period, without
apparently having ^{done} any or much benefit. It was
now proposed by some one of them, to excite
perspiration, & the vapour bath was employed.

way

the

what

the

you

as to

you

the

Scarcely had the remedy began to act, when the
pulpa became soft & all the symptoms very much
mitigated, from the ~~termination~~. & this cure the
Dr. has been lead to the diaphoretic plan early
in the disease, but never until 'tis certain has
been ~~ex~~ ^{con}sequently used. It has ever been remembered
as a distinguishing symptom in this disease, that
however great the pain may be, there is no desire
to stool & that evacuations from the bowels
produce no relief to the patient. Unavailing
however as cathartics may be in this disease
yet they should not be entirely overlooked. My
evacuations from the bowels by purgatives, are
considered less serviceable in Peritoneal inflammation
than in any of the Phlegmasia I cannot pretend
to say. That they are among the most important remedies
in Purulent Fever, as one I presume will pretend
to say & that this is a disease dependent to a great
measure on Peritoneal inflammation there can be at present
hardly little doubt. the bowels however in Peritonitis should

1. 111

1. 111

1. 111

1. 111

1. 111

1. 111

1. 111

1. 111

1. 111

1. 111

1. 111

1. 111

1. 111

1. 111

1. 111

1. 111

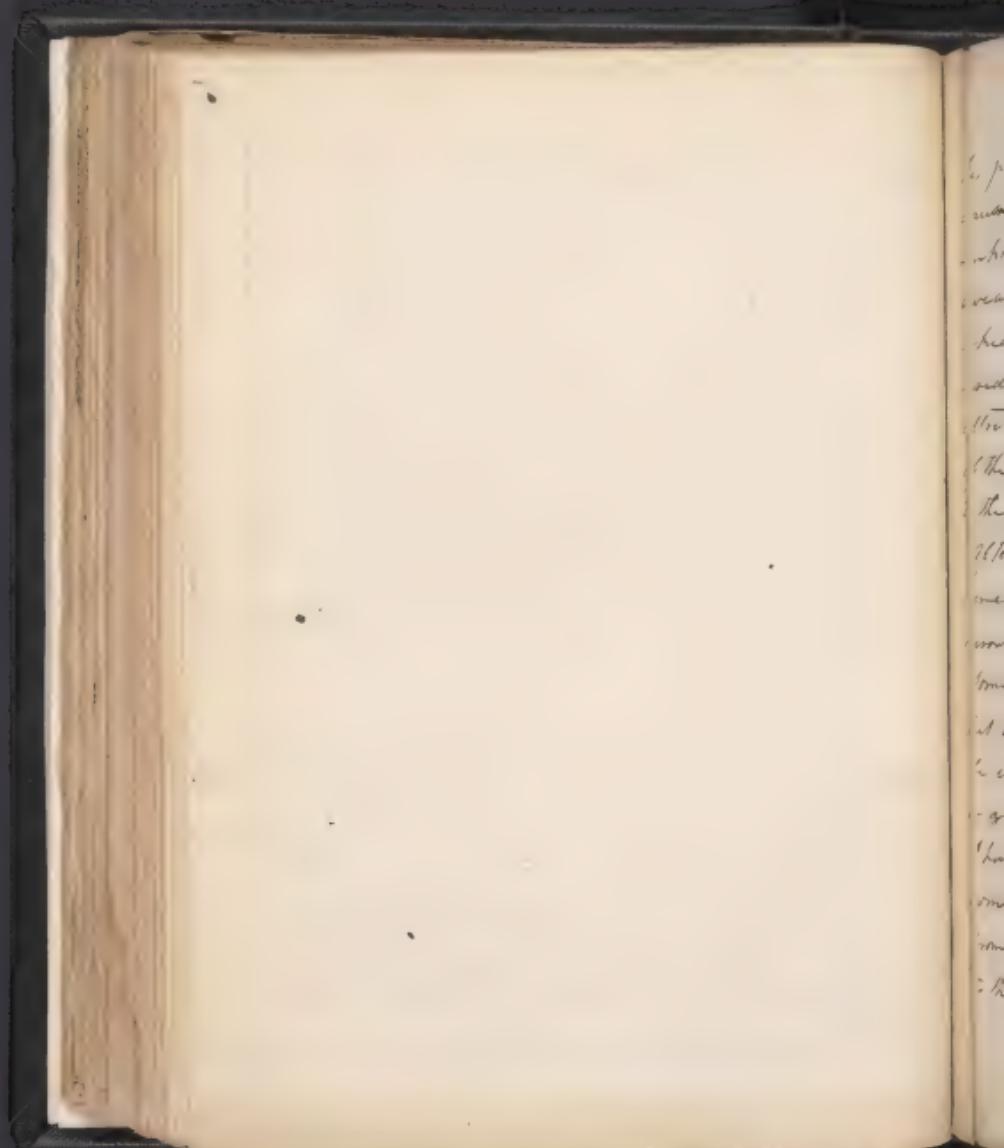
1. 111

1. 111

1. 111

always be kept in a soluble condition, either by gentle laxatives, or by enemata which perhaps is preferable. In making use of the enemata they should be composed of the mildest ingredients exhibited in the largest quantities so as to act as emollients to the intestines.

Peritonial inflammation I must again repeat, is replete with danger & heat with difficulties from the commencement. In most cases it is well marked from the commencement, though sometimes irregularities occur which is well calculated to mislead the practitioner, & divert his attention from those remedies by which it should be always encountered. Frequently in the commencement of a violent attack there is great prostration of strength, & the pulse is so low & feeble as to induce a belief that the patient is too much debilitated to admit of direct applications. A case of this kind is always one of depression or as it were lashed up in the system.



If blood be now subtracted, it is probable that the patient will sink, & the system not having the power by depression to resist they terminis fatally. In case of this kind we should attempt to renew the energies of the system, & for this purpose the patient should be placed in a warm bath, diaphorotics should be given, at the same time; when the disease begins to develop itself we should make use of small repeated bleedings in order to hasten it, & when fully developed, make use with respect safety & advantage a more liberal use of the lancet.

There are also cases of an ~~acute~~ character, which are not less dangerous from the false security which it creates. It commences with a slight tenderness of the abdomen, little or no fever, pulse nearly natural being rather quick & a little corded. The practitioner is totally unconscious of the danger which att. to

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

1. 100

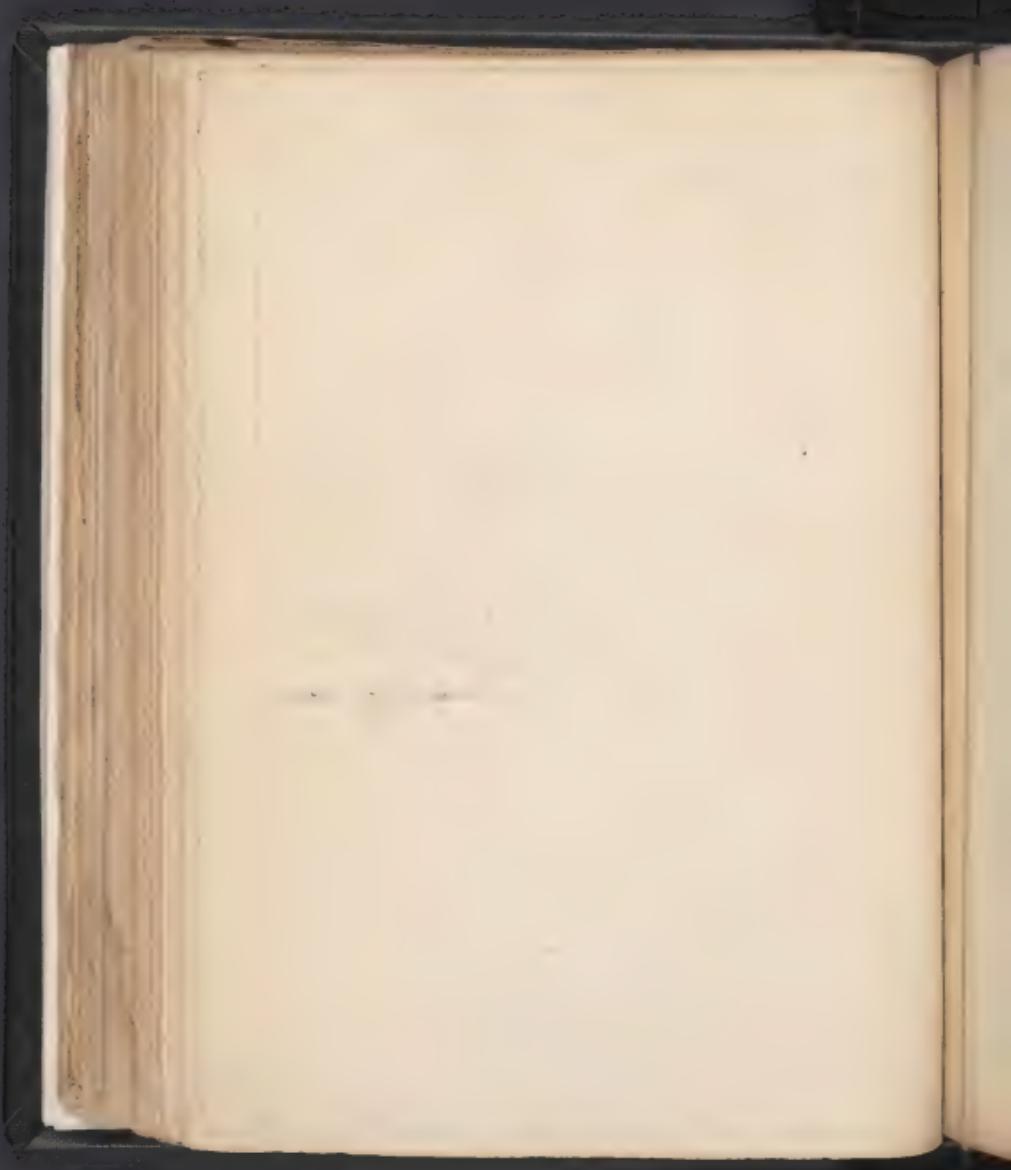
1. 100

1. 100

1. 100

her patient, when suddenly by some unknown cause the system becomes depressed, the pulse sinks the surface covered with a cold clammy sweat, & a discharge of a black matter now & then from the Stomach. This is the most insidious & alarming symptom of the disease, & I attribute it to inflammation attacking that part of the Peritoneum contiguous to the Stomach or to the upper part of the alimentary canal.

After having unavailingly tried all the other remedies in this case we should as a dernier resort, recur to the use of the Spirits of Turpentine. Some practitioners recur to it early in the disease, but it is now pretty well agreed that it only should be used when the inflammation is about to become gangrenous, which is manifested by symptoms I have already mentioned. Turpentine is most commonly recommended in very small doses, from an idea that it is too heating & stimulating to the Stomach, this says Dr Chapman is



is altogether a mistake & when we do recur to it, it is apparently under the most desperate form of the disease. The plan which is to be pursued by him is to administer a tea spoon full of the oil every two or three hours, & increasing it if necessary until its beneficial effects are produced.

Thus Gentlemen allow to the best of my abilities, fulfill the requisitions of your institutions. I should be wanting in gratitude, were I not however to express to you, individually, my most sincere thanks, for the many numerous & extensive sources of information which have been received at your hands.

October the 28th 1822.

1150

Geotrichum

1150

B

56

Peritonitis 1824

B. J. Parkin

295 Mark

